

PART B - FEE(S) TRANSMITTAL

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28815 7570 01/25/2010

Zilka-Kotab, PC
 P.O. BOX 721120
 SAN JOSE, CA 95172-1120

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Justin Bocchino	(Depositor's name)
/Justin Bocchino/	(Signature)
March 30, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY/DOCKET NO.	CONFIRMATION NO.
09/21/04	08/02/2001	Charles L. Vigue	NAHP27501.014.01	(683)

TITLE OF INVENTION: SYSTEM AND METHOD FOR SECURE AND VERIFIED SHARING OF RESOURCES IN A PEER-TO-PEER NETWORK ENVIRONMENT

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	GATE DATE
nonprovisional	NO	\$1510	\$00	\$0	\$1510	08/26/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
HENNING, MATTHEW J		2431	713-176000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.63). <input type="checkbox"/> Change of correspondence address, (for Change of Correspondence Address, Form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication for "Fee Address" indication on form PTO/SB/47, Rev. 01-02 or most recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list: (1) the names of up to 3 registered patent attorneys or agents (if, alternately, (2) the name of a single firm having at a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Zilka-Kotab, PC 2 3
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 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: (B) RESIDENCE (CITY AND STATE OR COUNTRY)

McAfee, Inc. Santa Clara, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group/entity ☐ Government

4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed <input type="checkbox"/> Payment by credit card. Form PTO-2010 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1351. Enclose an extra copy of this form.
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5. Change in Entity Status (from status indicated above)
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☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: /KEVINZILKA/ Date: March 30, 2010
 Typed or printed name: Kevin J. Zilka Registration No. 41,429

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